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UTILITY
PATENT APPLICATION
TRANSMITTAL

Attomey Docket No.	39524.9800
First Inventor	WANG, Hsiang
Title	Pharmaceutical Composition for Prophylaxis
F	TW225000002TIC

I PATENTAPPLICA	AHUN I						, , , , , ,	
TRANSMITTA		Title	_	Phai	maceuti	cal Cor	nposition for Prophy	ylaxis
		Express	Mail LabelNo.	EV325888903US				
APPLICATION ELEN See MPEP chapter 600 concerning utility pa		entents.	,	ADDRESS TO:  Mail Stop Patent Application Commissioner for Patents P. O. Box 1450 Alexandria VA 22313-1450				,
(preferred arrangement set forth be Descriptive title of the invented cross Reference to Related Statement Regarding Fed sp. Reference to sequence listing or a computer program listing. Background of the Invention Brief Summary of the Invention Brief Description of the Draw Detailed Description Claim(s) Abstract of the Disclosure  Drawing(s) (35 U.S.C. 113)  Touch or Declaration Declarat	ion Applications of the disclosure of the disclo	31 / 3 / 3 / 3 / 3 / 3 / 3 / 3 / 3 / 3 / 3	(if applied a. b. b. c. C. ACC 9. 10. 11. 12. 13. 14. 15. 16. 15. 16. 17. 16. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	Program otide and/cable, all n Co Specifica i	(Appendor Amino Appendor Amino Appendor Amino Appendor Amino Amino Appendor Amino Am	Reada quence OM or s verify  GAPF  Traces (coverage) on Doctorsure Traces (coverage) on Doctor	ument (if applicable)  49 Copies of Citations  (MPEP 503)  2ed)  Document(s)  for 09210  under 35 U.S.C. 12  ust attach form PTC  et a vailab  statement 2) Designa  sincluded in Power of the	or Copies  RTS  int(s))  of Attorney  of IDS  f Attorney  of Atty.
Cynthia L. Pillote	<u> </u>			· · · · · · · · · · · · · · · · · · ·				
Name Snell & Wilmer L.L.P.								
Address One Arizona Center								
400 East Van Buren			<del> </del>		T			
City Phoenix		State	Arizona		Zip C	Code	85004-2202	
Country US	Tele	ephone	602-392-6296			Fax	602-382-6070	
Name (Print/Type) Cynthia L. Pillote Signature	(\$	0>	Regis	tration No	. (Attorne)	//Agent) Date	42,999 March Z , 200	4

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (10-03)
Approved for use through 07/31/2006. OMB 0651-0032
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FEE TRANSMITTAL	Complete if Known					
	Application Number	TBA				
for FY 2004	Filing Date	March <u>29</u> , 2004				
Effective 10/01/2003. Patent fees are subject to annual revision.	First NamedInventor	WANG, Hsiang				
Applicant claims small entity status. See 37 CFR 1.27	Examiner Name	TBA				
	Art Unit	ТВА				
TOTAL AMOUNT OF PAYMENT (\$) \$565.00	Attorney Docket No.	39524.9800				

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)				
Check Credit card Money Other None	3. ADDITIONAL FEES				
Deposit Account:	Large f	Entity Fee	Smal Fee	LEntity Fee	<del>-</del>
Deposit	Code	(\$)	Code	(\$)	Fee Description Fee Paid
Account Number 19-2814	1051	130	2051		Surcharge - late filing fee or oath
Deposit	1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
Account Name Snell & Wilmer	1053	130	1053	130	Non - English specification
The Director is authorized to: (check all that apply)	1812	2,520	1812	2,520	For filing a request for ex parte reexamination
Charge fee(s) indicated below Credit any overpayments	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner
Charge any additonal fee(s) or any underpayment of fee(s)	1805	1,840*	1805	1.840*	action  Requesting publication of SIR after Examiner
Charge fee(s) indicated below, except for the filing fee	1			•	action
to the above-identified deposit account.	1251	110	2251		
FEE CALCULATION	1252	420	2252		• • • • • • • • • • • • • • • • • • • •
1. BASIC FILING FEE	1253	950	2253		Extension for reply within third month
Large Entity   Small Entity		1,480	2254		· ·
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid		2,010	2255	.,	Extension for reply within fifth month
1001 770 2001 385 Utility filing fee 385.00	1401	330	2401		
1002 340 2002 170 Design filing fee	1402	330	2402		
1003 530 2003 265 Plant filing fee	1403	290	2403		Request for oral hearing
1004 770 2004 385 Reissue filing fee	1451	1,510	1451	•	Petition to institute a public use proceeding
1005 160 2005 80 Provisional filing fee	1452	110	2452		<u></u>
SUBTOTAL (1) (\$) \$385.00	1453	1,330	2453	665	Petition to revive - unintentional
2. EXTRA CLAIM FEES FOR UTILITY ANDREISSUE	1501	1,330	2501	665	Utility issue fee (or reissue)
Fee from	1502	480	2502	240	Design issue fee
Extra Claims below Fee Pald  Total Claims 26 -20** = 6 X 9.00 = 54.00	1503	640	2503	320	Plant issue fee
Independent 5 - 3** = 2 X 43.00 = 86.00	1460	130	1460	130	Petitions to the Commissioner
Claims Multiple Dependent =	1807	50	1807		Processing fee under 37 CFR § 1.17(q)
Large Entity   Small Entity	1806	180	1806	180	Submission of Information Disclosure Statement
Fee Fee Fee Fee Description Code (\$)	8021	40	8021	40	Recording each patent assignment per property (times number of properties)
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	Filing a submission after final rejection
1201 86 2201 43 Independent claims in excess of 3	1810	770	2810	385	(37 CFR § 1.129(a))  For each additional invention to be examined
1203 290 2203 145 Multiple dependent claim, if not paid					(37 CFR § 1.129(b))
1204 86 2204 43 ** Reissue independent claims over original patent	1801	770	2801		Request for Continued Examination (RCE)
1205 18 2205 9 ** Reissue claims in excess of 20	1802	900	1802	900	Request for expedited examination of a design application
and over original patent		er fee (:	specify		
SUBTOTAL (2) (\$) \$140.00					_
or number previously paid, if greater; For Reissues, see above	*Red	luced b	y Basic	Filing	Fee Paid SUBTOTAL (3) (\$) \$40.00
SUBMITTED BY					Complete (if applicable)
AL CONTRACTOR	1	Registra	ation N	0.	42 000 Tolophoro (22 222 6206

Name (Print/Type (Attorney/Agent) 2004 Signature Date

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